

# Short Term Disability Insurance

Group Name: Indiana Regional Medical Center  
Group Number: 682977



## Help minimize the financial impact of leave or unexpected illness

### What is Short Term Disability Income Insurance?

There may come a time when you're unable to work due to a disability – maybe due to maternity leave, or planned surgery, or even an unexpected illness or injury. If you find yourself in a situation like this, **Short Term Disability Income Insurance** could help replace part of your income while you're not working for a short period of time.

**IRMC**

### How much coverage do I get?

Your employer believes in the importance of Short Term Disability Income Insurance and is giving you the option to elect coverage in the following amount[s]:

	Coverage Options Amounts
<b>Option 1: 0/7 Elimination Period</b>	\$100 increments to \$1,500, not to exceed 60% of weekly earnings
<b>Option 2: 14/14 Elimination Period</b>	\$100 increments to \$1,500, not to exceed 60% of weekly earnings
<b>Option 3: 30/30 Elimination Period</b>	\$100 increments to \$1,500, not to exceed 60% of weekly earnings

**When you become disabled, you must complete the benefit waiting period indicated below before benefits are payable:**

**0, 14 or 30 days if your disability is caused by an accidental injury.**




**7, 14 or 30 days if your disability is caused by a sickness.**

A waiting period is the amount of time that must pass before your weekly benefits will begin.

### How long can benefit payments last?

The maximum benefit period is 26 weeks.

### Why should I consider supplemental coverage?

-  You can use the weekly benefit to help pay for things like medical bills, rent or mortgage, and groceries while you are disabled.
-  Payroll deduction means you don't have to worry about another bill.
-  Work with your own dedicated claim analyst throughout your leave.

## Do I have to answer health questions to enroll?

You do not need to provide evidence of insurability to be covered.

## How much does it cost?

Your premiums are deducted on a post-tax basis. Use the chart below to find your monthly cost, based on the amount of coverage you'd like to elect. You can elect up to 60% of your basic weekly earnings (does not include commissions, bonuses, overtime pay, any other extra compensation, or income received from sources other than your employer).

### SEMI-MONTHLY PREMIUM DUE

<b>0/7 EP OPTION</b>										
Monthly Rate per \$10 WI		Weekly Benefit Elected:	<b>\$ 100</b>	<b>\$ 200</b>	<b>\$ 300</b>	<b>\$ 400</b>	<b>\$ 500</b>	<b>\$ 600</b>	<b>\$ 700</b>	<b>\$ 800</b>
1.28		<50	\$ 6.40	\$ 12.80	\$ 19.20	\$ 25.60	\$ 32.00	\$ 38.40	\$ 44.80	\$ 51.20
1.39	Age	50-59	\$ 6.95	\$ 13.90	\$ 20.85	\$ 27.80	\$ 34.75	\$ 41.70	\$ 48.65	\$ 55.60
1.79		60+	\$ 8.95	\$ 17.90	\$ 26.85	\$ 35.80	\$ 44.75	\$ 53.70	\$ 62.65	\$ 71.60
Monthly Rate per \$10 WI		Weekly Benefit Elected:	<b>\$ 900</b>	<b>\$ 1,000</b>	<b>\$ 1,100</b>	<b>\$ 1,200</b>	<b>\$ 1,300</b>	<b>\$ 1,400</b>	<b>\$ 1,500</b>	
1.28		<50	\$ 57.60	\$ 64.00	\$ 70.40	\$ 76.80	\$ 83.20	\$ 89.60	\$ 96.00	
1.39	Age	50-59	\$ 62.55	\$ 69.50	\$ 76.45	\$ 83.40	\$ 90.35	\$ 97.30	\$ 104.25	
1.79		60+	\$ 80.55	\$ 89.50	\$ 98.45	\$ 107.40	\$ 116.35	\$ 125.30	\$ 134.25	

<b>14/14 EP OPTION</b>										
Monthly Rate per \$10 WI		Weekly Benefit Elected:	<b>\$ 100</b>	<b>\$ 200</b>	<b>\$ 300</b>	<b>\$ 400</b>	<b>\$ 500</b>	<b>\$ 600</b>	<b>\$ 700</b>	<b>\$ 800</b>
0.88		<50	\$ 4.40	\$ 8.80	\$ 13.20	\$ 17.60	\$ 22.00	\$ 26.40	\$ 30.80	\$ 35.20
1.12	Age	50-59	\$ 5.60	\$ 11.20	\$ 16.80	\$ 22.40	\$ 28.00	\$ 33.60	\$ 39.20	\$ 44.80
1.53		60+	\$ 7.65	\$ 15.30	\$ 22.95	\$ 30.60	\$ 38.25	\$ 45.90	\$ 53.55	\$ 61.20
Monthly Rate per \$10 WI		Weekly Benefit Elected:	<b>\$ 900</b>	<b>\$ 1,000</b>	<b>\$ 1,100</b>	<b>\$ 1,200</b>	<b>\$ 1,300</b>	<b>\$ 1,400</b>	<b>\$ 1,500</b>	
0.88		<50	\$ 39.60	\$ 44.00	\$ 48.40	\$ 52.80	\$ 57.20	\$ 61.60	\$ 66.00	
1.12	Age	50-59	\$ 50.40	\$ 56.00	\$ 61.60	\$ 67.20	\$ 72.80	\$ 78.40	\$ 84.00	
1.53		60+	\$ 68.85	\$ 76.50	\$ 84.15	\$ 91.80	\$ 99.45	\$ 107.10	\$ 114.75	

<b>30/30 EP OPTION</b>										
Monthly Rate per \$10 WI		Weekly Benefit Elected:	<b>\$ 100</b>	<b>\$ 200</b>	<b>\$ 300</b>	<b>\$ 400</b>	<b>\$ 500</b>	<b>\$ 600</b>	<b>\$ 700</b>	<b>\$ 800</b>
0.57		<50	\$ 2.85	\$ 5.70	\$ 8.55	\$ 11.40	\$ 14.25	\$ 17.10	\$ 19.95	\$ 22.80
0.68	Age	50-59	\$ 3.40	\$ 6.80	\$ 10.20	\$ 13.60	\$ 17.00	\$ 20.40	\$ 23.80	\$ 27.20
0.98		60+	\$ 4.90	\$ 9.80	\$ 14.70	\$ 19.60	\$ 24.50	\$ 29.40	\$ 34.30	\$ 39.20
Monthly Rate per \$10 WI		Weekly Benefit Elected:	<b>\$ 900</b>	<b>\$ 1,000</b>	<b>\$ 1,100</b>	<b>\$ 1,200</b>	<b>\$ 1,300</b>	<b>\$ 1,400</b>	<b>\$ 1,500</b>	
0.57		<50	\$ 25.65	\$ 28.50	\$ 31.35	\$ 34.20	\$ 37.05	\$ 39.90	\$ 42.75	
0.68	Age	50-59	\$ 30.60	\$ 34.00	\$ 37.40	\$ 40.80	\$ 44.20	\$ 47.60	\$ 51.00	
0.98		60+	\$ 44.10	\$ 49.00	\$ 53.90	\$ 58.80	\$ 63.70	\$ 68.60	\$ 73.50	

## Exclusions and limitations

We won't pay benefits if your disability is caused by, contributed to by, or results from any of the following:

- Subject to the applicable law in the state where the Policy is delivered or issued for delivery, commission or attempt to commit a felony or illegal activity.
- Engaging in any illegal occupation, work or employment.
- Operating a motorized vehicle while under the influence of alcohol as evidenced by a blood alcohol level at or in excess of the state legal intoxication limit as defined by the state law where the disability occurs.
- Intentionally self-inflicted harm.
- Attempted suicide, regardless of mental capacity.
- Participation in a war, declared or undeclared, or any act of war. An act of war is military activity by one or more national governments and does not include terrorist acts, other random acts of violence not perpetrated by you, or civil war or community faction.
- Active duty as a member of the armed forces of any nation. However, we will refund, upon written notice of such service, any Premium which has been accepted for any period not covered as a result of this exclusion.
- Active participation in a riot, insurrection or terrorist activity, but not including civil commotion, disorder, injury as an innocent bystander, or injury because of self-defense.
- Subject to the applicable law in the state where the Policy is delivered or issued for delivery, voluntary intake of any narcotic or other controlled substance, unless the narcotic or controlled substance is taken under the direction of and as directed by a doctor.
- Voluntary intake of poison, drugs or fumes, unless a direct result of an occupational accident.
- Cosmetic surgery except when required for your appropriate care as a result of your injury or sickness; cosmetic surgery shall not include (1) reconstructive surgery when the surgery is incidental to or follows surgery resulting from trauma, infection or other diseases of the involved part, (2) reconstructive surgery because of congenital disease or anomaly resulting in a functional defect and (3) surgery necessitated by gender dysphoria.
- Traveling in any aircraft other than as a fare-paying passenger on a scheduled or charter flight operated by a scheduled airline.
- Traveling in any aircraft (or device) used for testing or an experimental purpose, used by or for any military authority, or used for travel beyond the earth's atmosphere.
- Hang-gliding, skydiving, parachuting, ultralight, soaring, ballooning and parasailing.

- Participation in recreational motor sports events, racing, speed or endurance contest (auto, truck, cycle or boat), rock or mountain climbing, skin or scuba diving, or bungee jumping.
- Participation in any sport for wage, compensation or profit.

If your employer's plan covers only non-occupational injuries, then the following exclusion also applies:

- Occupational sickness or injury

We will not pay a benefit for any period of Disability during which you are incarcerated.

**Pre-existing conditions:** We won't pay benefits if your disability is due to a pre-existing condition, and you became disabled during the first 12 months following the effective date of your coverage. A pre-existing condition is any condition for which you have done any of the following at any time during the 12 months just prior to your effective date of coverage, whether or not that condition is diagnosed, undiagnosed or misdiagnosed:

- Received medical treatment or consultation.
- Taken or were prescribed drugs or medicine.
- Received care or services, including diagnostic measures.

Your benefits may be reduced by other income you are eligible to receive while disabled.

Limitations and exclusions will vary by state and by your employer's benefit plan.

## Questions?

Enrollment instructions will be provided by your employer. If you have additional questions before you enroll, please call:

- Your human resources representative or department at 888-841-0454.

Scan the QR code to visit your Employee Benefits Resource Center to learn more about this benefit and review instructions on how to file a claim after your effective date.

<https://presents.voya.com/EBRC/IndianaRegionalMedicalCenter>



This is a summary of benefits only. A complete description of benefits limitations exclusions and termination of coverage will be provided in the certificate of insurance and riders. All coverage is subject to the terms and conditions of the group policy. If there is any discrepancy between this document and the group policy documents the policy documents will govern. To keep coverage in force premiums are payable up to the date of coverage termination. Short Term Disability Income Insurance is underwritten by ReliaStar Life Insurance Company (Minneapolis MN) a member of the Voya® family of companies. Policy form HP08GP, RL-STD-POL-19, and RL-STD-POL-20 (may vary by state).

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